



March 16, 2018

Web Announcement 1547

## **Ambulatory Surgical Center (ASC) Rate Methodology Updated**

Update to [Web Announcement 1335](#): The State Plan Amendment to update the Ambulatory Surgical Center (ASC) rate methodology for provider types (PTs) 10 (Outpatient Surgery, Hospital Based) and 46 (Ambulatory Surgical Centers) to one based on the Centers for Medicare & Medicaid Services (CMS) Ambulatory Payment Classifications (APC) system has been approved. ASC rates will be updated in the Medicaid Management Information System (MMIS) effective on claims with dates of service on or after March 19, 2018.

- Claims for ASC services, except for procedure code 54161, submitted by PTs 10 or 46 with dates of service on or after January 1, 2017, through March 18, 2018, that paid under the previous rate methodology will be automatically reprocessed to pay at the updated rates. Providers do not need to resubmit or appeal the impacted claims. A future web announcement will notify providers when the claims are reprocessed.
- Claims for procedure code 54161 (Circumcision > 28 days) submitted by PTs 10 or 46 with dates of service on or after August 1, 2015, through December 31, 2016, that denied in error will be automatically reprocessed. Providers do not need to resubmit or appeal the denied claims. A future web announcement will notify providers when the claims are reprocessed.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and claim denials may be received.